

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kohei NISHIKAWA et al.
Title: METHOD FOR THE PROPHYLAXIS OR TREATMENT OF
GLOMERULONEPHRITIS
Prior Appl. No.: 10/227,537
Prior Appl.
Filing Date: 08/26/2002
Examiner: Unassigned
Art Unit: Unassigned

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☒ Division ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (27 pages).
- ☒ Copy of the Declaration and Power of Attorney (1 pages).
- ☒ Associate Power of Attorney (2 pages).
- ☒ Information Disclosure Statement.
- ☒ Form SB08 with listed references.

☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total	19	-	20	= 0	x \$18.00 = \$0.00
Claims:					
Independent	2	-	3	= 0	x \$84.00 = \$0.00
ents:					
If any Multiple Dependent Claim(s) present:				+ \$280.00 = \$0.00	
				SUBTOTAL:	= \$750.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$750.00

☒ A check in the amount of \$750.00 to cover the filing fee is enclosed.

☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Oct. 2, 2003



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